

SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK
INDIVIDUAL ASSIGNMENT PART [OR JUSTICE] PART 17, EMILY GOODMAN

YU-LIANG LEI

Index No. 104507108

DCM Track STANDARD

Plaintiff(s),

- against -

CIRCUIT CITY STORES, INC, WHITESTONE
DEVELOPMENT PARTNERS, L.P and THE
RELATED COMPANIES, L.P.

Defendant(s).

PRELIMINARY CONFERENCE
ORDER

(202.8, 202.12 and 202.19
of the Uniform Rules)

APPEARANCES

Plaintiff(s): Yu-Liang Lei, Sackstein, Sackstein & Lee

Defendant(s): Related Properties by Law Office of Edward H. Hachler by Christopher M. Hachler
Rent, Buy & Lease by Jaffar Hachler (Circuit City)

It is hereby ORDERED that disclosure shall proceed as follows:

(1) Insurance Coverage: If not already provided, shall be furnished by DEFENDANTS on or before 12/5/08.

(2) Bill of Particulars:

- (a) Demand for a bill of particulars shall be served by _____ on or before _____.
- (b) Bill of particulars shall be served by _____ on or before _____.
- (c) A supplemental bill of particulars shall be served by _____ as to Items _____ on or before _____.

(3) Medical Reports and Authorizations:

Shall be served as follows: AT'S FOR ALL RELATED MEDICAL TREATMENT, HOSPITALS,
MRK & FILMS WITHIN 30 OR 45 DAYS. TO THE EXTENT NOT
PROVIDED.

(4) Physical Examination:

- (a) Examination of PLAINTIFF shall be held
WITHIN 45 DAYS OF COMPLETION OF TTS DEPOSITION.
- (b) A copy of the physician's report shall be furnished to plaintiff within 45 days of the examination.

(5) Depositions: Depositions of ☐ Plaintiff(s) ☐ Defendant(s) ☒ All Parties shall be held

ON OR BEFORE FEBRUARY 6, 2009.

(6) Other Disclosure:

- (a) All parties, on or before 12/5/08, shall exchange names and addresses of all eye witnesses and notice witnesses, statements of opposing parties, and photographs, or, if none, provide an affirmation to that effect.
- (b) Authorization for plaintiff(s)' employment records for the period 2 YRS PRIOR TO PRESENT, shall be furnished on or before 12/5/08.
- (c) Demand for discovery and inspection shall be served by _____ on or before _____. The items sought shall be produced to the extent not objected to, and objections, if any, shall be stated on or before _____.
- (d) Other [interrogatories, etc.] _____.

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(7) End Date for All Disclosure: MAY 8, 2009(8) Impleader: Shall be completed on or before WITHIN 45 DAYS AFTER THE COMPLETION OF LPT'S(9) Compliance Conference: Shall be held on FEBRUARY 13, 2009 @ 10:30 am ✓(10) Motions: Any dispositive motion(s) shall be made on or before WITHIN 45 DAYS AFTER THE FILING OF(11) Note of Issue: PLAINTIFF shall file a note of issue/certificate of readiness on or before MAY 15, 2009 ✓. A copy of this order, an affirmation stating that the terms of the order have been complied with, and an affidavit of service of the affirmation and note of issue shall be served and filed with the note of issue on or before said date.**FAILURE TO COMPLY WITH ANY OF THESE DIRECTIVES MAY RESULT IN THE IMPOSITION OF COSTS OR SANCTIONS OR OTHER ACTION AUTHORIZED BY LAW.****SO ORDERED:**

Dated: _____

J.S.C.

ADDITIONAL DIRECTIVES

In addition to the directives set forth above, it is further ORDERED as follows:

NO ADJOURNMENTS WITHOUT PRIOR WRITTEN COURT CONSENT, AND FOR GOOD CAUSE ONLY. TO SEEK AN ADJOURNMENT EMAIL LAW CLERK ANDREA FIELD, AT OFFICE @ COURTS, STATE NY. U.S. COPY TO ALL PARTIES. INITIAL IF ADJOURNMENT IS ON CONSENT.

Dated: _____

SO ORDERED:J.S.C.
EMILY JANE GOODMAN


**FLUSHING HOSPITAL
MEDICAL CENTER**

45th Avenue at Parsons Blvd. Flushing, NY 11355

FACE SHEET

P A T I E N T	ACCOUNT NUMBER 395350903		MEDICAL RECORD NUMBER 780049		ADMIT DATE & TIME 11/23/2007 11:30		BAR CODE-MEDICAL RECORD NUMBER 	
	LOCATION 0042 451 2		FIN. CLASS 22	SOURCE 1	TYPE 1	DISCHARGE DATE & TIME		BAR CODE-ACCOUNT NUMBER
	LAST NAME LEI		FIRST NAME YULIANG		M.I.		AKA	VETERAN N
	DATE OF BIRTH 08/29/1959	AGE 48Y	SEX M	REL NO	MAR ST. U	PLACE OF BIRTH KOREAN	LANGUAGE KORE	INTERPRETER NEEDED N
	ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY		ZIP 11354	
M E D I C A L	TELEPHONE NUMBER (718)539-7038		OCCUPATION		SOCIAL SECURITY NUMBER ***_*_*_****			
	EMPLOYER NAME UNKNOWN		ADDRESS		CITY		STATE	ZIP
	NEXT OF KIN UNKNOWN, UNKNOWN		RELATIONSHIP 09		ADDRESS		CITY	STATE
	EMERGENCY CONTACT NAME UNKNOWN, UNKNOWN		RELATIONSHIP 09		ADDRESS		CITY	STATE
	ATTENDING PHYSICIAN / CODE SHIM, JOSEPH Y 79277		PVT./SERV. P		OTHER PHYSICIAN / CODE		MEDICAL SERVICE SUR	
G U A R A N T O R	ADMITTING DIAGNOSIS FX ANKLE NOS-CLOSED		ICD-9-CM CODE 824.8					
	ADMITTING PHYSICIAN / CODE SHIM, JOSEPH Y 79277		NEWBORN WEIGHT		RESERVATION DATE & TIME		TEAM COLOR	
	GUARANTOR NAME LEI, YULIANG		RELATIONSHIP 01		OCCUPATION		SOCIAL SECURITY NUMBER ***_*_*_****	
	ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY		ZIP 11354	TELEPHONE NUMBER (718)539-7038
	EMPLOYER UNKNOWN		ADDRESS		CITY		STATE	ZIP
I N S U R A N C E	PLAN CODE / PRIMARY INSURANCE WELC WELLCARE HMO MEDICAID		POLICY NUMBER SZ03095W		SEQ. / GROUP #		AUTHORIZATION NUMBER	
	ADDRESS PO BOX 271000		CITY TAMPA		STATE FL		ZIP 33688	TELEPHONE NUMBER (800)288-5441
	SUBSCRIBERS NAME LEI, YULIANG		RELATIONSHIP CD 01		DATE OF BIRTH 08/29/1959		SOCIAL SECURITY NUMBER ***_*_*_****	
	SECONDARY CARRIER MGME MEDICAID GME		POLICY NUMBER SZ03095W		SEQ. / GROUP #		AUTHORIZATION NUMBER	
	ADDRESS CSC HEALTHCARE SYSTEMS		CITY ALBANY		STATE NY		ZIP 12204	TELEPHONE NUMBER (800)522-1892
	SUBSCRIBERS NAME LEI, YULIANG		RELATIONSHIP CD 01		DATE OF BIRTH 08/29/1959		SOCIAL SECURITY NUMBER ***_*_*_****	
	TERTIARY CARRIER		POLICY NUMBER		SEQ. / GROUP #		AUTHORIZATION NUMBER	
	ADDRESS		CITY		STATE		ZIP	TELEPHONE NUMBER
	SUBSCRIBERS NAME		RELATIONSHIP CD		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
	DATE OF PREVIOUS HOSPITAL ADMISSION		FACILITY NAME UNSPECIFIED		ADMITTED BY dseeram			





LEI, YULIANG

780049

M

DOB: 08/29/1959

48Y

ADM: 11/23/2007 081X

STAFF, PHYSICIAN

01 395350903

CHART COPY

TIME SEEN BY M.D. 6:30 AM ALLERGIES NKDA		CHECK (✓) APPROPRIATE BOX	
FAMILY		Results / Interpretations	
SOCIAL		Monitor	
PAST MEDICAL None		EKG	
HISTORY cc: was tripping while trying to shop & twisted ankle Pt brought in by ambulance		ABG	
SYSTEM REVIEW: All other systems negative <input type="checkbox"/> Nursing Notes Reviewed & agree <input type="checkbox"/>		Ph <input type="checkbox"/> HCO3 <input type="checkbox"/>	
Fever <input type="checkbox"/> Resp <input type="checkbox"/> Neuro <input type="checkbox"/>		PCO2 <input type="checkbox"/> % Sat <input type="checkbox"/>	
Weight Loss <input type="checkbox"/> GI <input type="checkbox"/> Psych <input type="checkbox"/> Patient is poor historian <input type="checkbox"/>		PO2 <input type="checkbox"/> FIO2 <input type="checkbox"/>	
ENT 136.8 Musculoskeletal 107/61 R 20 HRZ Complete history not obtainable due to treatment urgency <input type="checkbox"/>		Pulse OX 94 <input type="checkbox"/> Hypoxic <input type="checkbox"/> Non-Hypoxic 98 %	
Cardio		Peak Flow Pre Post	
PHYSICAL EXAM (Orientation/Appearance) NAD		Procedures (Initial Performed By ED Physician)	
Head NC / RT Eyes PER RLA		IV Placement	
ENT 9/10 vision Neck Supple		Venipuncture	
Chest B/L CTA Heart S/S		Lumbar Puncture	
Abd (+) BS soft Back genuatend		NG Tube	
Ext (+) pulse Neuro CR2-12 intact		CPR x Min	
		CVP	
		Intubation	
		Chest Tube x	
		CRITICAL CARE HRS	
		Others:	
		Other Procedures (Check (✓) and Initial)	
		FB Removal	
		I and D	
		Splint	
		Ace Strap	
		Immobilizers	
		Cast	
		Reduction	
		Others:	
NOTIFICATION OF PATIENT'S M.D. TIME		SUTURES	
TIME		Length cm	
FINAL DIAGNOSIS Ankle Fracture		# of Sutures	
SIGNATURE Chapala #006 PRINT NAME		# of Layers	
I WAS PRESENT History <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		Materials Used:	
FOR KEY Exam <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		ANESTHESIA:	
PORTION OF: Procedure <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		Length	
TREATMENT / PROCEDURE / RESPONSE TO THERAPY		Nerve Block	
Ortho: called @ 7am. S/o Dr. Chen tot/cu @ 7am. #138		# of Sutures	
		# of Layers	
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LEI, YULIANG
780049 M DOB: 08/29/1959 48Y
ADM: 11/23/2007 081X
STAFF PHYSICIAN 01 395350903

INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN

16. MEDICAL HISTORY

Chief Complaint Pain (L) ankle since trampled w crowd MD/PA/NP

History of Present Illness Whopping "Black Friday"
NO PROBLEM

17. PAST SURGICAL HISTORY

DATE TYPE OF OPERATION REASON

2015

MD/PA/NP

18. PAST MEDICAL HISTORY

CARDIAC

MI (Dates: Deny)
☐ Angina: ☐ Stable ☐ Unstable CHF
☐ Arrhythmia ☐ Murmur
☐ CABG Other:

VASCULAR

HTN (x Deny yrs) ☐ CVA: Describe:
☐ TIA Claudication/Rest pain ☐ R ☐ L
of Blocks: Other:

NEUROMUSCULAR

Seizures Type Deny
Last Episode
Arthritis Location ☐ Disc Disease
Level Other:

Transfusions: ☐ Yes ☐ No
If YES, what year:

PULMONARY

Asthma: Last attack: Deny
Steroids: ☐ Yes ☐ No
☐ COPD ☐ TB Hx of Intubation: ☐ Yes ☐ No
Other:

ENDOCRINE

DM (x Deny yrs) ☐ Type I ☐ Type II
☐ Thyroid ☐ ↓ ☐ ↑ Other:

GI

☐ Ulcers ☐ Gastritis ☐ Hiatus Hernia
☐ Hepatitis Other: Deny

HEMATOLOGY

☐ Anemia ☐ Leukemia ☐ Sickle Cell ☐ Disease
☐ Trait ☐ Other:

OTHERS:



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INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN

19. REVIEW OF SYSTEMS

MD / NP / PA

No Yes

Describe any Pertinent Positives and Negatives

- ☐ ☐ General Symptoms
- ☐ ☐ Any Sign of Infection?
- ☐ ☐ HEENT
- ☐ ☐ Neck
- ☐ ☐ Breasts
- ☐ ☐ Cardiovascular
- ☐ ☐ Peripheral Vascular
- ☐ ☐ Respiratory
- ☐ ☐ Gastrointestinal
- ☐ ☐ Genito-urinary
- ☐ ☐ Sexual and Venereal Disease
- ☐ ☐ Menstrual and Obstetrical
- ☐ ☐ Neurological
- ☒ ☐ Musculoskeletal
- ☐ ☐ Endocrine
- ☐ ☐ Hematological

*Onset of fever & chills & pain
to joints 10/27/07
Cap. Pain*

☐ Please see Section 25 for Additional Information

☐ ☐ Psychiatric/ Suicide Risk Assessment

[For Ages 13 and above] Over the past two weeks, have you

1. Felt little interest or pleasure in doing things? ☐ Yes ☐ No
2. Felt down, depressed or hopeless? ☐ Yes ☐ No
3. Been bothered by thoughts that you would be better off dead or hurting yourself in some way? ☐ Yes ☐ No

Yes to # 1 & 2, consider treatment for depression.

Yes to # 3, call psych consult at x 5546 & implement suicide prevention protocol.

Consult requested ☐ Yes ☐ No

Comments

20. MEDICATIONS

MD / NP / PA

Drug

Dose

Frequency

Date & Time of
Last Dose

Diaz



**FLUSHING HOSPITAL
MEDICAL CENTER**

EEI, YULIANG
780049 M DOB: 08/29/1959 48Y
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**INTERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN**

21. ALLERGIES and ADVERSE DRUG REACTIONS

☒ NO KNOWN ALLERGIES

☐ ENVIRONMENTAL ALLERGIES

MD/NP/PA

	Anaphylaxis	Swelling	Rash/Hives	Others	ADRs
<input type="checkbox"/> PCN <input type="checkbox"/> Sulfa					
Other Medications					
Food					
Others					

22. SOCIAL HISTORY

MD/NP/PA

Tobacco ☒ None ☐ Quit: _____
☐ Yes Quantity ppd X _____ yrs
 ETOH ☒ None ☐ Quit _____
☐ Yes Quantity _____
 Drug ☒ None ☐ Quit: _____
☐ Yes Drug _____
 Routine: ☐ IV ☐ Other
 Quantity: _____

23. FAMILY HISTORY

24. VACCINATIONS

☐ Pneumococcal _____

☐ Influenza _____

Other: _____

25. PHYSICAL EXAMINATION

Vital Signs BP _____ P _____ R _____ T _____

General Description

MD/NP/PA

Skin

C/D/I

HEENT

perls, com.

Neck

trachea

Breasts

N/A

Heart/Lungs

All fields clear / (+) 1/2 galb. - normal

Abdomen

soft & junc

Pelvic/Genitalia

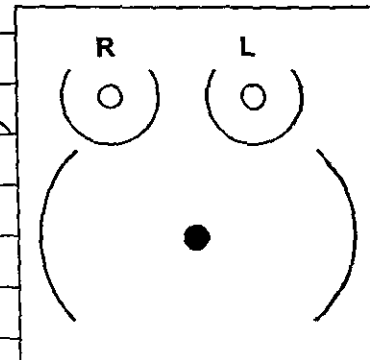
Rectal/Prostate

Lymph Nodes

Extremities

Vascular	Carotid	Brachial	Radial	Femoral	Popliteal	DP/PT
Right						
Left						
Bruits						

Pulses: 0 = Absent 1 = Markedly Impaired 2 = Moderately Impaired 3 = Slightly Impaired 4 = Normal




**FLUSHING HOSPITAL
MEDICAL CENTER**

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**TERDISCIPLINARY PATIENT HISTORY,
ASSESSMENT AND INITIAL PLAN**
NEUROLOGICAL

Mental Status

A&O x3

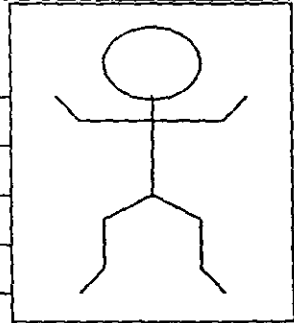
GCS (if indicated)

Cranial Nerves

CN I-IX NTAS

Motor Nerves

Sensory System


26. LAB. X-RAY & EKG RESULTS

Pending

MD/NP/PA

 8.7 15.2 173 109 12 99
 41.3 0.2

PT/PTT 12.4/23.3

HCG ☐ Pos

INR 1.

☐ Neg

UA

EKG

WNL

ALT 1264 824 1244

CXR

WNL

Others

⊕ Type 1 screen

27. PHYSICIAN IMPRESSION and THERAPEUTIC PLAN

MD/NP/PA

 48 96 02 (L) 31 ml
 0 PMHx Pre op for Vx rod & dr. hum
 med desmethyl & needed
 2 NPO for ORIF (C) ankle Frig 11/2/07
 2 NWS (C)
 2 IM med for pain prn
 AIO 1/2 hr appt / 01/15/08
Consult
RequestedService: OR 1000
Service:Doctor: Davidson PA
Doctor:Beeper: 533
Beeper:
28. ADDITIONAL INITIAL ASSESSMENT NOTES Sign and date each additional note
29. SIGNATURES

MD/PA/NP (PRINT)

SIGNATURE

BEEPER

DATE

TIME

MD/PA/NP (PRINT)

SIGNATURE

BEEPER

DATE

TIME

ATTENDING (PRINT)

SIGNATURE

BEEPER

DATE

TIME



FLUSHING HOSPITAL MEDICAL CENTER

45TH Avenue at Parsons Blvd., Flushing, New York 11355

LEI, YULIANG
780049 M DOB: 08/29/1959 48Y
ADM: 11/23/2007 0042 4512
SHIM, JOSEPH Y 22 395350903

SHORT STAY DISCHARGE SUMMARY (FOR HOSPITALIZATION LESS THAN 10 DAYS)

PRESENTING ILLNESS

PERTINENT HISTORY

PERTINENT PHYSICAL FINDINGS

SIGNIFICANT LAB/X-RAY/DIAGNOSTIC STUDIES

HOSPITAL COURSE

PRINCIPAL DIAGNOSIS

SECONDARY DIAGNOSES

PRINCIPAL PROCEDURE

OTHER PROCEDURES

CONDITION ON DISCHARGE

DISPOSITION ☒ HOME ☐ TRANSFER: ☐ SNF ☐ AMA ☐ EXPIRED

DIET ☒ REGULAR ☐ OTHER

ACTIVITY ☒ NORMAL ☐ RESTRICTED: N/A

MEDICATION If none, check ☒

FOLLOW-UP ☐ CLINIC NAME OF CLINIC:

DATE: 11/24/07 PRINT: [Signature]

SIGN: [Signature]

PHYSICIAN OFFICE: [Signature]

Exhibit(s) Page 11 of 26

SHIM, JOSEPH Y

48Y

22 395350903

INSTRUCTIONS HAVE BEEN GIVEN ABOUT:

- () The nature of the illness () Diet (specify type): _____
- () Activities & exercise – what to do, what not to do
- () Calling MD/coming to ER if symptoms develop/worsen
- () Smoking cessation () N/A (**Quitline 1-888-609-6292; Smoking Cessation Program 1-718-670-5476**)
- () Weight monitoring () N/A (• weigh yourself every morning same time, after emptying bladder • same scale & amount of clothing • keep a log and show to your doctor • report weight gains of 2-4 lbs. over 1-3 days)
- () Follow-up with: ☒ Private MD Shun ☐ Clinic _____ ☐ Other _____ When: _____

MEDICATIONS: (all drugs must be **reconciled** with current medications and those taken prior to admission)

[illegible]

**PHYSICIAN'S REFERENCE ONLY
FOR PATIENTS WITH AMI/CHF**

Ejection Fraction:

Check off those medications that are contraindicated at the time of discharge:

☐ ACE Inhibitor ☐ ARB ☐ β blocker ☐ Aspirin

TREATMENTS/SPECIAL INSTRUCTIONS/REMARKS:


rest ice eluate

IMMUNIZATIONS	Pneumococcal <input type="checkbox"/> given <input type="checkbox"/> contraindicated <input type="checkbox"/> refused	Influenza <input type="checkbox"/> given <input type="checkbox"/> contraindicated <input type="checkbox"/> refused
----------------------	--	---

Physician: Print Name: VAZOUZ

PHYSICIAN SIGNATURE: [Signature] Date: 11/23 Time:

I have received discharge instructions and understand the information that has been given to me.

PATIENT/RESPONSIBLE OTHER:		Signature: 	Date:
RESPONSIBLE OTHER ONLY:		Print Name:	Relationship:
INTERPRETER:	Print Name:	Signature:	Date:

PLEASE BRING THIS FORM TO YOUR PHYSICIAN WHEN YOU MAKE YOUR NEXT VISIT

WHITE - MEDICAL RECORD

YELLOW - PATIENT'S COPY

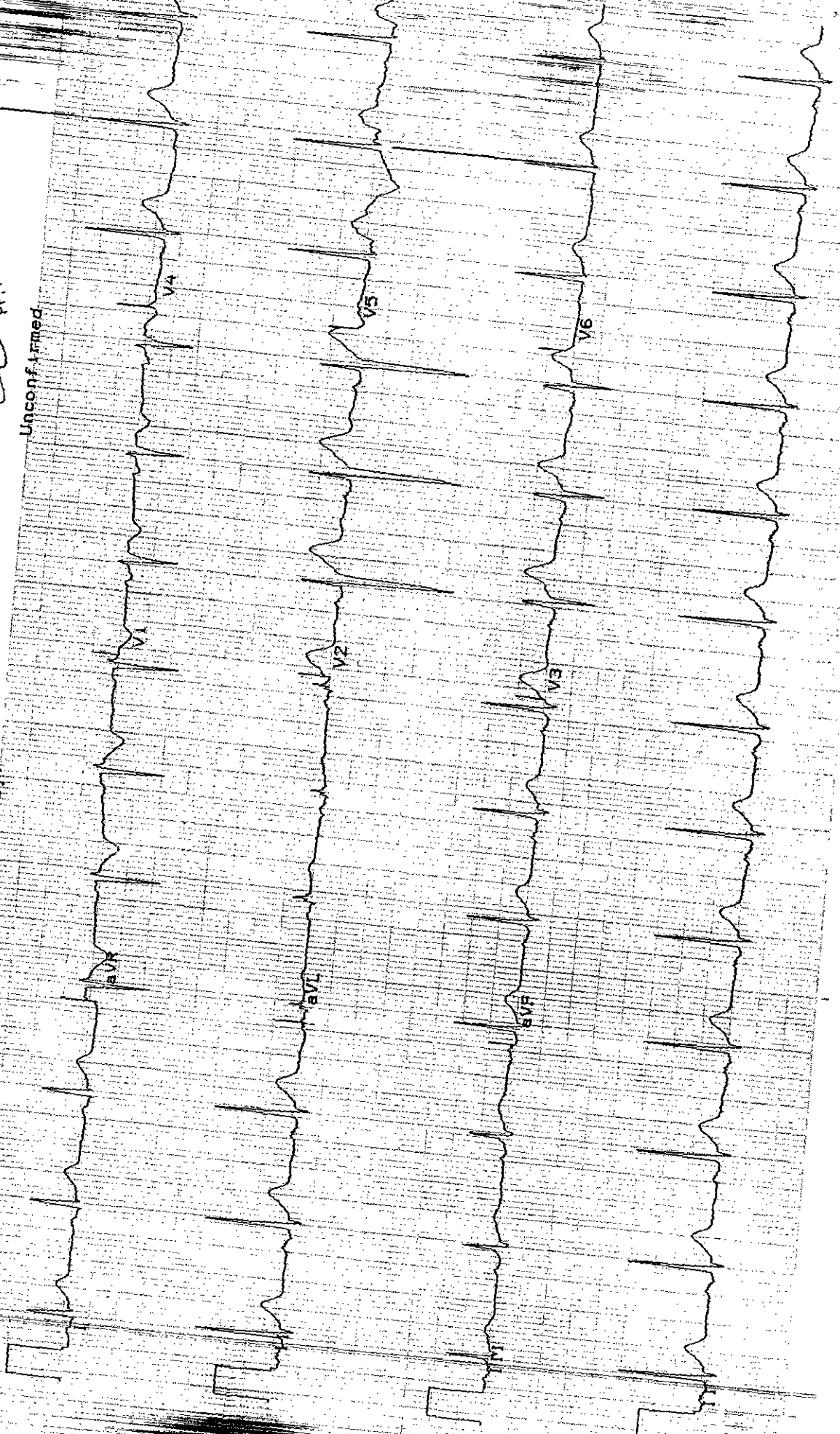
ID: 23-NOV-2007 07:14 FLUSHING HOSPITAL #4
Med: 48yr
Sex: M
Loc: 1
Room: 1
Ht: Wt:
Race: 1
Room: 1
Vent. rate 77 BPM
PR interval 144 ms
QRS duration 84 ms
QT/QTc 352/393 ms
P-R-T axes 34 51 45
Cart: 4
Tech.:
25mm
10mm/mV
100Hz
Pgm 007B
v206

NORMAL SINUS RHYTHM
NORMAL ECG

48Y
395350903
01
LEI YULIANG M DOB: 08/29/1959
780049
11/23/2007 081X
FF. PHYSICIAN

Referred by:

Unconfirmed



MADE IN USA

FLUSHING HOSPITAL MEDICAL CTR.

45th Avenue at Parsons Blvd.

FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG DOB: 08/29/1959
MRN #: 200780049 Account Number: 2395350903
Patient Loc: BLS ambulance service
Attending MD: SHIM, JOSEPH Y Completed on: 11/23/2007
Requested by: SHIM, JOSEPH Y

Exam: DX fluoro w/rad assist/MD

ACC #: 1830396

History:

Fracture left ankle

Fluoroscopy provided for the clinical service. Fluoroscopic time 57 seconds. Fluoroscopic spot films are available in the radiology department for review.

Impressions: See above

ALICE MD VELOUDIOS /signed by/ALICE MD VELOUDIOS
Transcribed on: 11/26/2007 5:10 PM by Articulate Interface
Finalized on: 11/26/2007 5:10 PM by Articulate Interface

Exhibit(s) Page 14 of 26
FLUSHING HOSPITAL MEDICAL CTR.
45th Avenue at Parsons Blvd.
FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG DOB: 08/29/1959
MRN #: 200780049 Account Number: 2395350903
Patient Loc: BLS ambulance service
Attending MD: staff, physician Completed on: 11/23/2007
Requested by: STAFF, PHYSICIAN

Exam: DX ankle left 3 views

ACC #: 1829883

History:

Left ankle:

On examination, a bimalleolar fracture of of the left ankle is seen. Soft tissue swelling is seen over the medial malleolus. A joint effusion is seen. Fracture of the posterior malleolus cannot be ruled out.

ER physicians are aware of this finding.

SABIHA RAOOF, M.D. /signed by/SABIHA RAOOF, M.D.
Transcribed on: 11/23/2007 8:42 AM by Articulate Interface
Finalized on: 11/23/2007 8:42 AM by Articulate Interface

FLUSHING HOSPITAL MEDICAL CTR.

45th Avenue at Parsons Blvd.

FLUSHING, NY 11355

DEPARTMENT OF RADIOLOGY

Patient Name: LEI, YULIANG

DOB: 08/29/1959

MRN #: 200780049

Account Number: 2395350903

Patient Loc: BLS ambulance service

Attending MD: staff, physician

Completed on: 11/23/2007

Requested by: STAFF, PHYSICIAN

Exam: DX chest single view

ACC #: 1829886

History:

Single frontal radiograph of the chest:

The lungs are clear. No gross infiltrates are seen. There is no evidence of pleural effusions. Cardiac silhouette is within normal limits. Visualized osseous structures are unremarkable.

SABIHA RAOOF, M.D.

/signed by/SABIHA RAOOF, M.D.

Transcribed on: 11/23/2007 8:44 AM by Articulate Interface

Finalized on: 11/23/2007 8:44 AM by Articulate Interface



FLUSHING HOSPITAL
MEDICAL CENTER

Exhibit(s) Medias Health Network
Surgical Documentation

MediSys

Health Network, Inc.

Patient Name: LEI, YULIANG DOB: 8/29/59 Age: 48 Sex: M
 Medical Record: 780049 Acct Number: 395350903
 Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2
 Date: 11/23/07 Surgeon: SHIM, JOSEPH Y., Room: FOR02

Patient In: 15:50 Patient Out: 18:02
 Anes Start: 15:50 Anes End: See anesthesia record
 Procedure Start: 16:22 Procedure End: 17:56 Procedure Mins: 94

Preop Diagnosis: FX LEFT ANKLE BIMAOLAR FX LEFT ANKLE

Postop Diagnosis: SAME

Anes Type: GENERAL ASA Class: I Wound Class: I

Actual Procedure:

ORIF LEFT ANKLE

Time Out:
16:22

Proposed Procedure:
ORIF LEFT ANKLE

Surgical Staff:

		Time In:	Time Out:
Surgeons:	SHIM, JOSEPH Y., MD	15:55	18:02
Anesthesia:	BENHAMOU, SOL, MD	15:47	18:02
Residents:	YUSHUVAYEV, EDUARD, PA	15:50	18:02
	Role: PHYSICIAN ASSISTANT		
Circulator	HOM, ELEANOR, RN	15:15	16:30
	PARK, SOON HO, RN	16:15	18:02
Scrub:	KAVANAGH, TRACEY, RN	15:25	18:02
Other Staff/Visitors:			
	S. MARDAKH	15:50	18:02
	MEDICAL STUDENT		

Preparation:

Preparation:	Site:	Laterality:
PREPPED WITH ALCOHOL 70%	Ankle	Left
PREPPED WITH BETADINE	Ankle	Left
PREPPED WITH ALCOHOL 70%	Foot	Left
PREPPED WITH BETADINE	Foot	Left

Hair Clipped:
N/A

Positioning:

Medical Record: 780049 Exhibit(s) Page 17 of 26 Acct Number: 395350903

Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2

Date: 11/23/07 Surgeon: SHIM, JOSEPH Y. Room: FOR02

Positioning:
SUPINE POSITION

Aides:

Location:

ARMBOARD
SAFETY BELTBILATERAL
OVER ABDOMEN

Catheters used? N

IVs:

Existing? Y Site: RIGHT ANTECUBITAL

Comments:

Drains: N

Equipment: Y

Equipment:ESU 8 FORCE 2 VALLEYLAB SN F9B6898T RIGHT THIGH
TOURN 3 TOURNIQUET ZIMMER ATS1500 S LEFT THIGHLocation:Skin Condition:Setting

DRY

30/30

DRY

300MMHG

Other Equipment:Observations:Equipment

ESU 8

TOURN 3

Comments:

Start time

16:22

16:22

End time

17:45

17:26

Post Op Skin Condition

DRY

DRY

Medications: Y

Medication:

CEFAZOLIN VIAL (ANCEF)

Dose/Unit:

GM 1

Time:

16:00

Route:

IV

By:

DR. BENHAMOU

Med. Comments:

Radiology: Y

Type:

C-ARM

Specimens: N

Implants: Y

Stock #:

Manufacturer:

Description:

Catalog #:

Lot Number:

Serial Number:

Site:

Exp Date:

Transfusion: N

Counts: Y

Final Counts:

Sponges

Instruments

Sharps

COR

COR

COR

Scrub Person

Circulator

KAVANAGH, TRACEY, RN

PARK, SOON HO, RN

Comments:

Irrigation and Suction:

Medical Record: 780049 Exhibit(s) Page 18 of 26 Acct Number: 395350903

Admit Date: 11/23/07 Loc: 0042 Room: 451 Bed: 2
Date: 11/23/07 Surgeon: SHIM, JOSEPH Y., Room: FOR02

Irrigation Fluid Used: 300ML Suction Contents: 200ML Foley Fluid:

Case Summary:

Comments: 1/3 TUBULAR 6 HOLE PLATE 4.0 CANCELLOUS FULLY THREADED 18
THREADED 16
3.5 CORTICAL SCREW 12 12 14 24
4.0 45 CANCELLOUS PARTIALLY THREADED
4.0 40 CANCELLOUS PARTIALLY THREADED USED BY DR SHIM

Discharged to: PACU Endotracheal Tube Left In? N

Mental Status: CALM Postop STABLE

Case Comments:

Report Given to: Recovery Staff: YAHN Inpatient Floor Staff:

Circulating RN:

FLUSHING HOSPITAL MEDICAL CENTER

ORDER SESSION PRINT

Page: 1

Pat #: 395350903 LEI, YULIANG
Attend MD: STAFF, PHYSICIAN
Entered By: AAP

Loc: 081X ER
MRN: 000780049
Date/Time: 11/23/07 / 0624

Seq#	Req Date / Time	Order Description	Prior Freq Code	Stop Date
0001	11/23/07 / 0625	ANKLE XRAY, LEFT, (3VIEWS)	S	
Ordering MD: 081111 STAFF, PHYSICIAN				

Total Number of Orders: 1

FLUSHING HOSPITAL MEDICAL CENTER

ORDER SESSION PRINT

Page 1

Pat #: 395350903 LEI, YULIANG
Attend MD: STAFF, PHYSICIAN
Entered By: LYA

Loc: 081X ER
MRN: 000780049
Date/Time: 11/23/07 / 0653

Seq#	Req Date / Time	Order Description	Prior Freq Code	Stop Date
0002	11/23/07 / 0654	CBC WITH DIFF Ordering MD: 081111 STAFF, PHYSICIAN	S	
0003	11/23/07 / 0654	COMP 14 METABOLIC PANEL Ordering MD: 081111 STAFF, PHYSICIAN	S	
0004	11/23/07 / 0654	PT/PTT Ordering MD: 081111 STAFF, PHYSICIAN	S	
0005	11/23/07 / 0654	TYPE & SCREEN (ABO/RH, AB SCREENI Ordering MD: 081111 STAFF, PHYSICIAN	S	

Total Number of Orders: 4



LEI, YULIANG
 780049 M DOB: 08/29/1959 48Y
 ADM: 11/23/2007 081X
 STAFF, PHYSICIAN 01 395350903

CHART COPY

ACCT.# 395350903	MED.REC.# 780049	DATE 11/23/2007	REG. TIME 06:01	F/C 01	PTP E	MSV EMG	S.S.# ***_**_****
LAST NAME LEI		YULIANG		D.O.B. 08/29/1959	AGE 48Y	SEX M	RACE A
STREET ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY	ZIP + 4 11354	REL. M/S NO U	
EMPLOYER UNKNOWN		EMPLOYER ADDRESS		TELEPHONE (718)539-7038		COUNTY 61	
GUARANTOR NAME LEI, YULIANG		S.S.# ***_**_****		PT. REL. 01		TELEPHONE (718)539-7038	
GUARANTOR ADDRESS 136 10 LATIMER PLACE		CITY FLUSHING		STATE NY		ZIP + 4 11354	
GUARANTOR EMPLOYER UNKNOWN		EMPLOYER ADDRESS		TELEPHONE (999)999-9999		REL. M/S NO U	
RELATIVE / EMERGENCY CONTACT UNKNOWN, UNKNOWN		CITY		STATE		ZIP + 4	
ADDRESS		CITY		STATE		ZIP + 4	
CO.# 1	PLAN.# SELF	INS. NAME SELF PAY	SUBSCRIBER LEI, YULIANG	GRP.#	AUTHORIZATION		
2							
3							
SOURCE		PT. ARRIVED VIA B	OCC CODE/DATE/TIME	PVT. MD. N/A	REG. whannifo		
PATIENT STATES ANKLE PAIN							

I AUTHORIZE AND REQUEST THE EMERGENCY DEPARTMENT AT FHMC TO PROVIDE EMERGENCY MEDICAL CARE. THIS INCLUDES ANY DIAGNOSTIC TESTS, TREATMENTS, MEDICAL AND/OR SURGICAL PROCEDURES CONSIDERED NECESSARY IN PROVIDING EMERGENCY CARE. I AUTHORIZE FHMC AND FLUSHING EMERGENCY PRACTICE PLAN TO RELEASE ANY OR ALL MEDICAL INFORMATION RELATING TO MY TREATMENT, TO DESIGNATED THIRD PARTY PAYORS AND/OR THEIR REPRESENTATIVES, MY PHYSICIAN AND ANY DESIGNATED HEALTH CARE AGENCIES, SUCH INFORMATION AS MAY BE DEEMED NECESSARY FOR FOLLOW-UP CARE AND/OR PROCESSING OF MY HOSPITAL CLAIM. I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED.

SIGNATURE

RELATIONSHIP

DATE

WITNESS

LABORATORY / EKG / I.D. TO CIRCLE ORDER / NURSE CHECKS WHEN DONE

☒ CBC ☐ SMA-7 ☐ SMA-13 ☐ Amylase ☐ BHCG ☐ CPK ☒ Type & Screen ☐ RH Factor ☐ Type & Cross ☐ Units Packed RBC

☐ U/A ☐ UCG ☐ Urine C&S ☐ Blood Cultures # ☐ G.C. ☐ NA Probe ☐ G.C. Culture ☐ Chlamydia Probe ☐ Chlamydia Culture ☐ RPR

☒ EKG ☐ ABG ☐ Pulse Oximetry ☐ Peak Flow ☐ Fingertick Glucose ☐ Strep Screen ☐ Wound Culture

☐ CXR ☐ Other X-Ray ☒ Ultrasound ☐ CT Scan

OTHER LAB / X-RAY

MEDICATION / I.V. FLUID

DATE	TIME	M.D.	MEDICATION / FLUID	RATE or FREQ	ROUTE / SITE	DATE	TIME	R.N.
11/23/07	RC	7AM	Percocet 2 tabs	PO x 1	PO	11/23/07	6:25	
			IVF NSD 200ml/hr		IVF	11/23/07	7:45	
			NFO					

NURSES' NOTES TIME note written ☐ AM ☐ PM

TIME	BP	PULSE RESP.	TEMP.	TIME BLOOD DRAWN	TYPE	TIME
				FIRST SET		
				SECOND SET		
				THIRD SET		



~~Joseph Y. P. Shim, M.D.~~

North Queens Orthopaedics, P.C.

56-50 Francis Lewis Blvd. Bayside, New York 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

12/5/07

RE: Yu-Liang Lei

CC: Left ankle bimalleolar fracture first postoperative office visit

HPI: The patient is a 48-year-old male status post a severe left ankle fracture on the morning of 11/23/07. He started waiting with his 12-year-old son in front of Circuit City at 8 PM on Thanksgiving awaiting the store opening at 5 AM the following morning for the start of the after-Thanksgiving sale. They report that police and ambulance were already at the scene by 5 AM anticipating possible crowd control problems. As the store opened, employees began handing out fliers causing the crowd to go out of control. The patient and his son were both pushed aside and trampled. He was brought by ambulance to the emergency room at Flushing Hospital Medical Center, and I was consulted for orthopedic evaluation and treatment. X-rays revealed a displaced bimalleolar ankle fracture. He underwent ORIF of the bimalleolar ankle fracture later that same day. He tolerated the surgery well, and he was discharged home soon thereafter. He has no complaints, and he presents for suture removal.

PMH: None.

PSH: As above.

Meds: None.

Allergies: No known drug allergies.

FH: Noncontributory.

SH: He lives with his wife, mother, and two children. He is employed full-time in watch repair and warehousing. The job involves significant standing and walking, and he has been unable to work since the ankle fracture. He has smoke one pack per day for 30 years. He drinks alcohol approximately once a month.

ROS: Noncontributory. No previous history of significant left ankle fractures or sprains. His present left ankle fracture is causally related to being pushed and trampled on the morning of 11/23/07.

PE: Well developed, well nourished male in no acute distress. He ambulates with crutches non-weightbearing on the left lower extremity.

Examination of the left ankle reveals a short leg plaster splint to be intact. It was removed. The medial and lateral surgical incisions are healing well with no drainage or

~~Joseph Y. Shim, M.D.~~

North Queens Orthopaedics, P.C.

56-50 Francis Lewis Blvd. Bayside, New York 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

12/5/07

RE: Yu-Liang Lei

erythema. The nylon sutures were removed. The foot remains moderately swollen but well perfused and sensate.

Procedure: A short leg fiberglass walking cast was applied with the ankle in neutral position. He was prescribed a cast shoe.

Radiologic Studies: AP, lateral, and mortise x-rays of the left ankle were taken in the short leg cast. The Weber B lateral malleolus fracture and transverse medial malleolus fracture remain well reduced with hardware intact. The ankle mortise is restored.

A/P: 48-year-old male status post a left ankle displaced bimalleolar fracture requiring surgical fixation on 11/23/07. He was instructed to keep the cast clean and dry. He may begin touchdown weight-bearing on the left lower extremity with crutches. He may advance to weight-bearing as tolerated four weeks postoperatively. He should keep the left leg elevated as much as possible when not walking. Follow-up in 4 weeks for cast removal, repeat examination, and x-ray. If the cast become significantly loose in the interim with resolution of swelling, he should follow-up sooner for a cast change. He will be unable to work requiring significant standing and walking for approximately two more months.



Joseph Y. Shim, M.D.

Joseph Y. Shim, M. D.

North Queens Orthopaedics, P. C.

56-50 Francis Lewis Blvd. Bayside, NY 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

Date: 2/29/2008

RE: Lei, Yu Liang

CC: @ankle binall to 11/23/07.

HPI: s/p ORIF 11/23/07. SLE removed 12/28/07. Did not have formal PT but he continues home exercises. Still is signif limited walking ability. Not yet returned to work requiring standing for 9 hours.

PE: Ankle is single cutch signif swelling @ LG.
 @ankle missing well healed. Still reports med > lat ankle discomfort with WB. DF 15° PF 30°. Subtalar motion ~50%.

Radiologic Studies: AP/lat/medial OR @ankle reveals med/lat hardware intact. Fractures well reduced. FX lines not obviously visible.
 Ankle motion intact.

Procedure: @

AP: 48yo ♂ > 3 months s/p ORIF @ankle binall to. Patient again strongly advised to have physical therapy for @ankle and strengthening. Ankle WBAT wearing cutch 2-3x/week for 2 months. Fk 6 weeks.


 Joseph Y. Shim M. D.

Joseph Y. Shim, M. D.

North Queens Orthopaedics, P. C.

56-50 Francis Lewis Blvd. Bayside, NY 11364

Tel: (718) 279-8107 Fax: (718) 279-8101

Date: 4/11/2008

RE: Lei, Yu Liang

CC: @ankle bump to 11/23/07.

HPI: s/p OKIF 11/23/07. SCL removed 12/18/07. Last seen 2/29/08. Had PT 5x/week x1
@ these offices. Now has PT 2x/week = gradual improvement. His job was
held for him for 3 months then he was replaced. He is looking for new
work. Wants note clearing him for work.

PE: Amb fairly well min. favoring @ LE. R/c catch early 3/08.
Reports difficulty walking faster and longer distances.
@ ankle wound well healed. No joint tenderness. Diffuse red/ed
discomfort @ walking - RF 15°/PF 35°. Subtalar motion slightly
limited on @ vs @.

Radiologic Studies: @

Procedure: @

A/P: 48yo → 4 1/2 months s/p OKIF @ ankle bump to 11/23/07.
He was written a note allowing return to work 4/24/08 as tolerated.
Continue ankle PT/strengthening. Continue PT 2x/week under direction
of Dr. B. Soles. F/u 6 weeks


Joseph Y. Shim M. D.

B. R. Sales, M.D., P.C.
136-75 37th Ave #11
Flushing, NY 11354
Tel. (718) 886-6088

INITIAL CONSULTATION

Patient Name: LEI YU LIANG
Date of Accident: 11/23/07
Date of Examination: 3/3/08

CHIEF COMPLAINTS:

The patient is a 49 year old, male/female who was involved in a motor vehicle accident on 11/23/07. The patient was a/an restrained/unrestrained driver/front-back seat passenger/pedestrian. The vehicle the patient was in was hit from the front-rear end/right-left side. There was no loss of consciousness however patient states that on impact, she/he was thrown in various direction and sustained injuries to his/her neck, low back, and

PT WAS INSIDE A SHOPPING MALL IN A CROWDED LINE. HE WAS PULLED & FELL BACK IN THE LINE.

The patient did/did not seek medical attention at the time of the accident and proceeded to rest at home.

She/he was taken via private vehicle/via ambulance to FLUSHING MEDICAL CTR - Hospital. At the hospital, X-rays of the NECK were taken, which revealed no fracture/fractures. The patient was observed for some time, and ultimately released to home. PT HAD SURGERY & DISCHARGED AFTER 2 DAYS.

Since the accident, the patient had been experiencing new onset of the following:

- Constant/Intermittent, diffuse pounding headaches
- Dizziness, blurred vision, nausea, ringing in the ears
- Impaired ability to concentrate and forgetfulness, irritability
- Insomnia, nightmares, inability to find comfortable position in the bed
- Fear of driving/riding in a car/of crossing a street
- Constant/intermittent neck pain and stiffness with radiation to
- Constant/intermittent upper/middle back pain and stiffness
- Constant/intermittent lower back pain with radiation to
- Constant/intermittent weakness in the right/left arm, right/left leg
- Constant/intermittent numbness/tingling, muscle cramps in the right/left arm, leg
- Constant/intermittent pain in

(L) DISTAL LEG & ANKLE WITH TINGLING & PAINFUL -